

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Kear
 City K6 mo (No. Mercy Hospital)

Registration District No. 399Primary Registration District No. 1005File No. 36905Registered No. 1001St. Warrensburg mo Ward

2. FULL NAME

(a) Residence, No. Russell Andrus
 (Usual place of abode)

St. Warrensburg mo Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 26, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. or 2 min.52

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Johnson Co., Mo.

FATHER

13. NAME

Ralph Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Martha Andrus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Johnson Co., Mo.

17. INFORMANT (ADDRESS)

Martha Andrus, Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Centerview, Mo. DATE Oct 30, 1937

19. UNDERTAKER (ADDRESS)

The Sweeney Phillips Co. Warrensburg, Mo.

20. FILED

Oct 28, 1937 M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

10/21, 1937, to 10/28, 1937I last saw him alive on 10/28, 1937 Death is saidto have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

Retroperitoneal Sarcina
Bunch pneumonia
46

Date of onset

Other contributory causes of importance:

Name of operation

Date of 10-28-37

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

H. Gilkey, M. D.

(Address)

Mercy Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

